

Children's Dental Services

Preventive Services

| | Is th | ne service Cover | red? | | |
|--|-------|-------------------------------|------|-------------------|---|
| | Yes | Only with prior authorization | No | Frequency | List any service-specific limitations |
| Cleanings | Х | | | 2 x year | |
| Fluoride treatments (including fluoride varnishes) | Х | | | 2 x year | |
| Sealants (list any tooth-specific limits) | Х | | | 1 x every 5 years | Excludes third molars. Must be placed on occlusal surfaces (tops) of teeth, for enrollees under age 21. |
| Space maintainers | Х | | | 1 x lifetime | Covered for enrollees under age 21. No replacement if lost or stolen. |

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Diagnostic Services

| | ls th | ne service Cover | ed? | | | |
|---------------------|-------|-------------------------------|-----|----------------------|---------------------------------------|---------------------------------|
| | Yes | Only with prior authorization | No | Frequency | List any service-specific limitations | Recommended age of first visit? |
| Dental examinations | | | | | | |
| | Х | | | 2 x year | | 1 |
| X-Rays | | | | | | |
| Bitewing | Х | | | 1 x year | | |
| Full Mouth | Х | | | 1 x every 4 years | | |
| Panoramic | Х | | | 1 x every 4 years | | |

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Treatment Services

| | Is the service Covered? | | red? | | | |
|---|-------------------------|-------------------------------|------|-----------|--|-----------------------|
| | Yes | Only with prior authorization | No | Frequency | List any service-specific limitations | Criteria for coverage |
| Fillings | | • | | | • | |
| Silver amalgam | Х | | | | | |
| Tooth colored composite | Х | | | | Covered for enrollees under 21 years | |
| Crowns/tooth caps | | • | | | | |
| Stainless steel crowns | Х | | | | For primary posterior (back) teeth | |
| Metal (only) crowns | Х | | | | Covered for enrollees under 21 years | |
| Metal/porcelain crowns | Х | | | | Covered for enrollees under 21 years | |
| Porcelain (only) crowns | | | Х | | | |
| Root Canals (endodontics) | | | | | | |
| Root canals on baby teeth (pulpotomies) | Х | | | | Once per primary tooth per enrollee lifetime | |
| Root canals on permanent teeth | Х | | | | Covered for enrollees under 21 years | |
| Gum (periodontal) therapy | - | | | | | |
| | x | | | | For a complete list of service limitations, please go to www.dhs.ri.gov under "provider manuals" | |

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| | Is th | Is the service Covered? | | | | |
|-------------------------|-------|-------------------------------|----|-----------|---|-----------------------|
| | Yes | Only with prior authorization | No | Frequency | List any service-specific limitations | Criteria for coverage |
| Dentures | | - | | - | | |
| Partial dentures | X | | | | Once per enrollee every 5 years | |
| Complete dentures | Х | | | | Once per enrollee every 5 years | |
| Bridges | Х | | | | Covered for anterior permanent teeth only. Enrollees must be under 21 years of age. | |
| Orthodontics* | | | | - | | |
| Retainers (orthodontic) | | х | | | Treatment must be started while enrollees are under age 21. | |

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| | Is th | e service Cove | red? | | | |
|--------|-------|-------------------------------|------|-----------|---|--|
| | Yes | Only with prior authorization | No | Frequency | List any service-specific limitations | Criteria for coverage |
| Braces | | X | | | Treatment must be started while enrollees are under age 21. | The HLD Index (Handicapping Labio-lingual Deviation) is applied to each case to determine medical necessity. A score of 20 is needed for case approval/payme nt by the State. For more specific guidance, please visit: www.dhs.ri.gov under "Provider Manua |

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| | Is th | he service Covered? | | | | |
|------------------------|-------|-------------------------------|----|-----------|---|-----------------------|
| | Yes | Only with prior authorization | No | Frequency | List any service-specific limitations | Criteria for coverage |
| Oral surgery | - | - | | | | |
| Simple extractions | Х | | | | Once per tooth per enrollee. Includes local anesthesia, suturing, if needed, and routine postoperative care | |
| Surgical extractions | Х | | | | Once per tooth per enrollee. Includes local anesthesia, suturing, if needed, and routine postoperative care | |
| Care of abscesses | X | | | | Service is covered on the medical side either through the traditional FFS deliver system or through one of the managed care health plans. | |
| Cleft palate treatment | Х | | | | Service is covered on the medical side either through the traditional FFS deliver system or through one of the managed care health plans. | |
| Cancer treatment | Х | | | | Service is covered on the medical side either through the traditional FFS deliver system or through one of the managed care health plans. | |

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| | Is the service Covered? | | | | | |
|---------------------------------------|-------------------------|-------------------------------|----|-----------|---|-----------------------|
| | Yes | Only with prior authorization | No | Frequency | List any service-specific limitations | Criteria for coverage |
| Treatment of fractures | Х | | | | Service is covered on the medical side either through the traditional FFS deliver system or through one of the managed care health plans. | |
| Biopsies | X | | | | Service is covered on the medical side either through the traditional FFS deliver system or through one of the managed care health plans. | |
| Treatment of jaw joint problems (TMJ) | | | | | | |
| | | | | | Service is covered on the medical side either through the traditional FFS deliver system or through one of the managed care health plans. | |
| Emergency room services provided by a | dentist | | | | | |
| | | | | | Service is covered on the medical side either through the traditional FFS deliver system or through one of the managed care health plans. | |
| Inpatient Hospital Services | | | | | | |
| | | | | | Limited to enrollees under age 21. | |

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| | ls th | Is the service Covered? | | | | |
|------------------------------------|-------|-------------------------------|----|-----------|---------------------------------------|-----------------------|
| | Yes | Only with prior authorization | No | Frequency | List any service-specific limitations | Criteria for coverage |
| Anesthesia | | | | | | |
| General anesthesia | Х | | | | Limited to enrollees under age 21. | |
| Intravenous conscious sedation | Х | | | | | |
| Non-intravenous conscious sedation | | | Х | | | |
| Analgesia (nitrous oxide) | Х | | | | Limited to enrollees under age 21. | |

^{*} When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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